NAVY MEDICINE MOBILIZES NEW PLATFORMS IN THE WHOLE-OF-NATION FIGHT AGAINST COVID-19

By André B. Sobocinski, BUMED Communications

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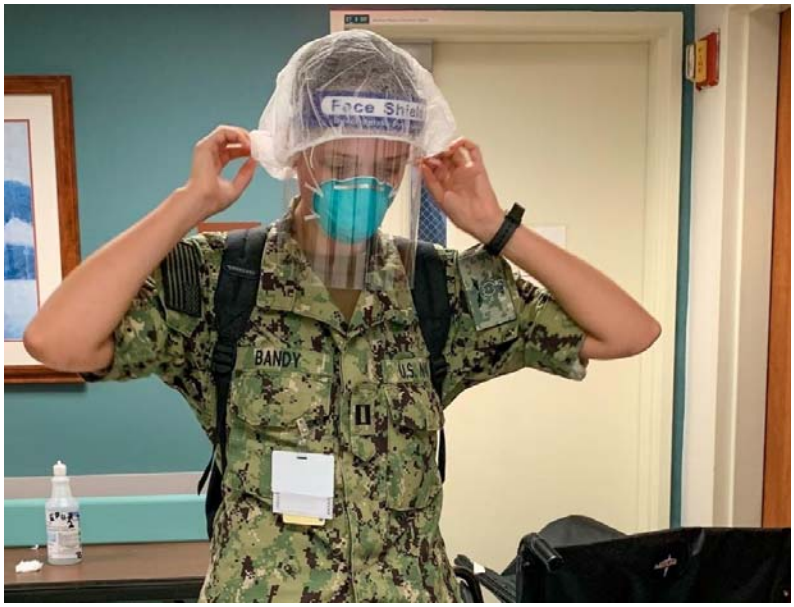
On July 20, 2020, Navy medical providers were mobilized to Texas as part of U.S. Northern Command's pandemic response in support of the Federal Emergency Management Agency's request for Defense Support to Civil Authorities.

This deployment marked the first use of the newly established Acute Care Team and Rapid Rural Response Team medical platforms.

ACTs and RRRT were forged out of lessons learned from the deployments of Expeditionary Medical Facilities to Baton Rouge, Dallas, New Orleans, New York, and Stamford in March and April 2020.

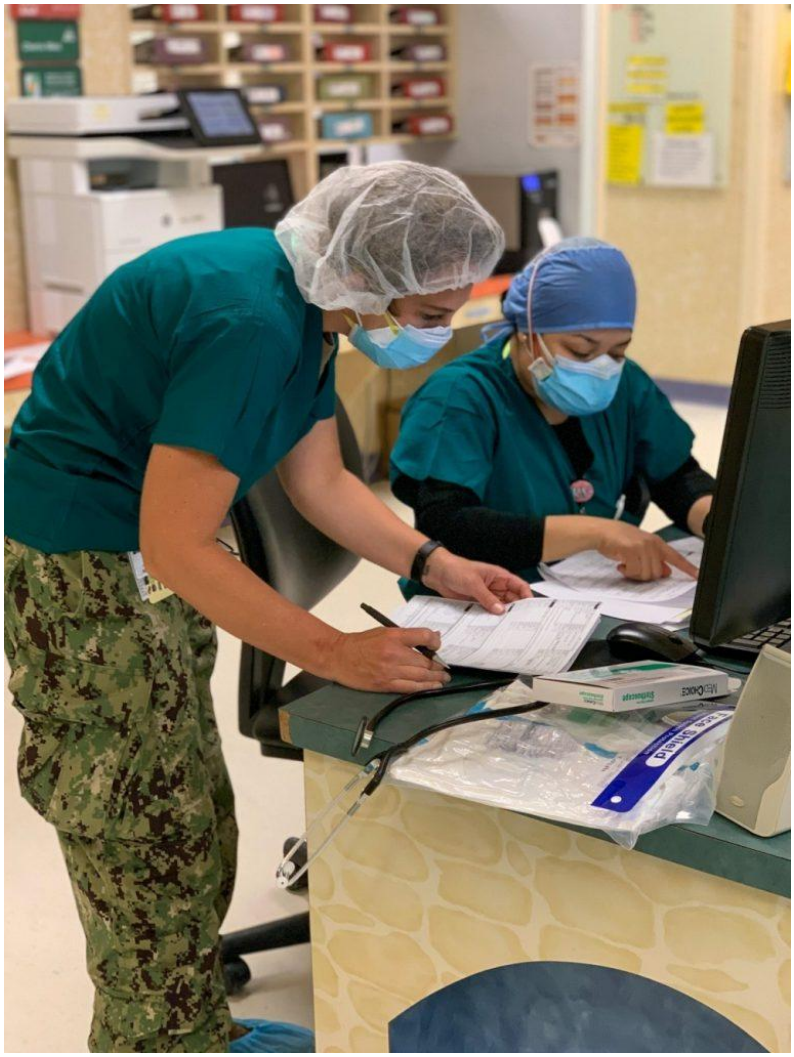
“Based on lessons learned from the early deployments in support of civil authorities during the pandemic, we used rapid cycle feedback to rework the teams to provide the specific expertise required by local acute care facilities to fight this relentless virus,” said Rear Admiral Bruce Gillingham, Surgeon General of the U.S. Navy. “This is a true ‘win-win.’ We have the privilege of standing shoulder to shoulder with our civilian colleagues helping them care for our fellow Americans while honing and sustaining our critical care skills for future deployments.”



Navy Medicine modelled the new medical teams based on an existing FEMA construct to address the need for more nurses and corpsmen in COVID-19 response missions.

Unlike the larger EMFs, which can carry up to 450 personnel and are **equipped to provide initial wound surgery** in a combat theater—these platforms are considerably scaled down and specifically tailored to support COVID-19 patient surges.

The ACT consists of 44 individuals ranging from internal medicine physicians and advance care practitioners to medical and surgical nurses, pharmacy officers, X-ray and respiratory technicians. The platform is designed to care for COVID-19 positive patients in larger civilian hospitals.



Rapid Rural Response Teams are 7-person teams comprised of critical care physicians, critical care nurses and a respiratory technician. Commander Suzanne Decker, Director of the Current Operations Division at the Bureau of Medicine and Surgery (BUMED) noted, the teams are designed to “provide care for patients in areas where access to care or capacity is limited.”

These smaller, tailored teams also allow for greater flexibility in deployment.

EMFs have a dedicated command and control element, which are staffed from personnel assigned to the platform and require personnel to undergo pre-deployment training. ACTs and RRRTs, on the other hand, are short-notice units generated from specialized skillsets and different medical treatment facilities across the Navy Medicine enterprise. All ACT and RRRT personnel fly into the Joint Reception, Staging, Onward Movement and Integration site via commercial air.

As of July 27, a total of 72 Navy medical providers have been deployed with one Acute Care Team to the Valley Baptist Medical Center in Harlingen, Texas and with four Rapid Rural Response Teams – one each to Del Rio and Eagle Pass and one to Rio Grande City. Navy Medicine is prepared if additional mobilizations are requested by FEMA to other areas impacted by COVID-19.

With regard to the future use of these platforms, Decker sees great promise.

“I believe these teams will eventually be formally incorporated into BUMED doctrine and may very well become a Program of Record to become its own unit to support our civilian counterparts in our DSCA mission” said Decker. “When called upon, we can activate these specialized teams and move them quickly to help people get the care they need.”